

**CLAIMS ONLY**

Application Number:  
10094273

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	/		
2		/					52	/		
3		/					53	/		
4		/					54	/		
5		/					55	/		
6	/						56	/		
7	/						57			
8	/						58	/		
9	/						59	/		
10	/						60	/		
11	/						61			
12	/						62	/		
13		/					63		/	
14		/					64		/	
15		/					65		/	
16		/					66		/	
17		/					67		/	
18		/					68		/	
19		/					69		/	
20		/					70		/	
21		/					71		/	
22		/					72		/	
23	/						73		/	
24	/						74		/	
25		/					75		/	
26		/					76		/	
27	/						77		/	
28		/					78		/	
29	0						79		/	
30	/						80		/	
31	/						81		/	
32	/						82		/	
33	/						83			
34	/	*					84			
35	/						85			
36	/						86			
37	/						87			
38	/						88			
39	/						89			
40	/						90			
41	/						91			
42	/						92			
43	/						93			
44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49	/						99			
50	/						100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			